

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

17497 U.S. PRO
10/603241
06/24/03

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Transmitted herewith for filing is the patent application of

Inventor(s): Michael J. Tzivanis, William M. Risen, Jr., Robert A. Weiss, Thomas J. Kennedy, III and David M. Melanson

For (title): ADHESION PROCESS

1. **Type of Application** - This new application is for a(n) XX Original Design
2. **Benefit of Prior U.S. Application(s)** (35 U.S.C. 119(e), 120, or 121): Divisional application of U.S. Application No. 09/885,835, filed June 20, 2001.
3. **Papers Enclosed That Are Required for Filing Date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application**

18 Pages of specification 6 Pages of claims 1 Page of Abstract
0 Sheets of drawings formal informal

4. **Additional papers enclosed:** Application Data Sheet

5. **Declaration or oath:** Not Enclosed XX Enclosed (from parent)

6. **Inventorship Statement** The inventorship for all the claims in this application are: X The same.

7. **Assignment:**

XX assignment of the invention to THE TOP-FLITE GOLF COMPANY from SPALDING SPORTS WORLDWIDE, INC. was recorded on 06/02/03 in Reel/Frame 013753/0072; assignment of the invention to SPALDING SPORTS WORLDWIDE, INC. was previously recorded on 08/08/01 in Reel/Frame 012078/0442
 is attached with a separate "RECORDATION FORM COVER SHEET - PATENTS ONLY"
 not enclosed

CERTIFICATION UNDER 37 C.F.R. 1.10

I hereby certify that this New Application Transmittal and the documents referred to as attached therein are being deposited with the United States Postal Service on this date June 24, 2003, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EV316699209US, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Leslie A. Tzivanis

(Application Transmittal ---page 1 of 2)

8. A Preliminary Amendment is enclosed XX

9. Fee Calculation (37 C.F.R. 1.16) (Eff. 10/01/01) A. XX UTILITY application

		<u>CLAIMS AS FILED</u>			Rate	Basic Fee
Number filed		Number Extra				<u>\$750.00</u>
Total Claims	20	-	20	=	0	\$ 18.00
Independent Claims	3	-	3	=	0	\$ 84.00
Multiple dependent claims					+	\$ 0.00
					Filing Fee Calculation	<u>\$750.00</u>

10. TOTAL FEES ENCLOSED 37 C.F.R 1.16(a) (large entity) \$750.00

11. Method of Payment of Fees:

Charge Account No. 17-0150 in the amount of \$750.00

12. Authorization to Charge Additional Fees

The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Account No. 17-0150

June 24, 2003
DATE
Customer No. 24492
Phone: 413-322-2937


Michelle Bugbee
SIGNATURE OF PRACTITIONER
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Enc.
cc: SSW Dep. Acct.